			ــــــــــــــــــــــــــــــــــــــ											
	PATENT APPLICATION FEE DETERMINATION RECOR								Application or Docket Number O9759174					
		CLAIMS A	S FILED -		38			SMALL ENTITY TYPE ()			OTHER THAN OR SMALL ENTITY			
TC	OTAL CLÁIMS			(Octomir i)			RATE		FEE	1	RATE	FEE		
FO	PR		NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEI		\	BASIC FEE			
TOTAL CHARGEABLE CLAIMS			/ () minus 20=		•			X\$ 9=	 	OR	X\$18=			
IND	EPENDENT CL	LAIMS	3 m	inus 3 =	•			X40=	 	1	X80=			
MU	ILTIPLE DEPEN	NDENT CLAIM P	RESENT							OR				
• If	the difference	in column 1 is	loss than Tara enter "O" in			saluma 2	L	+135=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY						
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NDN	Total	. 6	Minus	20	J	=		X\$ 9=		OR	X\$18=			
AME	Independent	· 2	Minus	••• 5	3	=		X40=		OR	X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=			+270=	·		
							L	+135=		OR	+270=			
·								DDIT. FEE		OR,	ADDIT. FEE			
		(Column 1) CLAIMS		(Colum		(Column 3)	ı	-	L L DOI					
MENOMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
ᅙ	Total	. 4	Minus	2	0	=		X\$ 9=		OR	X\$18=			
	Independent	· 2	Minus		3	=		X40=		OR	X80=			
	FIRST PRESE	NTATION OF MU	JUIPLE DEF	ENDEN	CLAIM			+135=			+270=			
							L	TOTAL		OR	TOTAL			
		· (Only - 4)		(0 - 1,	0 \	20 .1 av	A	DDIT. FEE		OR	ADDIT. FEE			
	· · ·	(Column 1) CLAIMS		(Colun	EST	(Column 3)	-		ADDI			400		
DMENT C		REMAINING AFTER AMENDMENT		PREVIO	DUSLY FOR	PRESENT EXTRA	R	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
5	Total	- (0	Minus	I. 2	.(1)	=		V			V640			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

TOTAL ADDIT. FEE OR ADDIT.

THE "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

X\$ 9=

X40=

+135=

TOTAL

FORM PTO-875 (Rev. 8/00)

Independent

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

X\$18=

X80=

+270=

TOTAL ADDIT. FEE

OR

OR

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number			
	CLAIMS AS FILED – PART I (Column 1) (Celtur					mr. 21	SMALL ENTITY			OTHER THAN SMALL ENTITY			
	FOR NUMBER FILED BASIC FEE (37 CFR 1.16(a))			REFILED	NUMBER EXTRA		RATE	H.L.		RATE:	Etst.		
							ş	OR		S			
ī	OTAL	CLAIMS R 1.16(c)j		minus 20			х 3 = =		R	7 E			
11	NDEP	PENDENT CLAIM	is	minus 3			x s =		OR	x s =			
-	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ 5 =		OR .	+5 =			
\vdash													
.	* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR ·	TOTAL			
		Cl	AIMS AS AME	ENDED -	- PART II								
			(Column 1)	(Column 2)		(Column 3)	SMALL E	NTITY	OR 1	SMALL	R THAN ENTITY		
	Ø ⊢N		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADD:- TIONAL FEE		
	影	Total (37 CFR 1.16(c))	. (0	Minus	20	=	x s=		OR	x_s=	:		
		Independent (37 CFR 1.16(b))	· 3	Minus	3	=	x s =	-	OR	x s=			
	Σŀ		ATION OF MULTIPLE	E DEPENDE	ENT CLAIM (37 CE	R 1 16(d))	1.		OR	+5 =			
\vdash	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					1(1.10(0))	+ \$= TOTAL		1	TOTAL			
							ADD'L FEE	L	OR	ADD'L FEE	L		
L			(Column 1)		(Column 2)	(Column 3)		1	٦.	· · · · · ·	1		
-	Ø LN	É	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE		
	ENDMENT	Total (37 CFR 1.16(c))	. 10	Minus	. 20	=	x s=		OR	x s =			
	뮒	Independent (37 CFR 1.16(b))	. 2	Minus	··· 3	=	x s =		OR	x s =			
	AM	FIRST PRESEN	TATION OF MULTIPL	F DEPEND	ENT CLAIM (37 C	FR 1.16(d))	+ 5 =		OR	+5 =	- 137 v		
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
١			(Column 1)		(Column 2)	(Column 3)			_				
	Ø ⊢Z	F	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE		
	ME	Total (37 CFR 1.16(c))	1/0	Minus	- 20	=	x \$=		OR	x \$=			
	N.	Independent (37 CFR 1.16(b))	2	Minus	" Z	=	x s=		OR	x s=			
	1111	1	<u> </u>	1	YENT CLANA (27.6	ER 1 16(d))	+ \$ =		OR	+ \$ =			
2	AME	EIDST DDESCA	TATION OF MULTIO	I E DEDEVIC				ı	- 011				
0	AMENDMEN	FIRST PRESEN	ITATION OF MULTIP	LE DEPEND	JENT CLAIM (37 C		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent, and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

